

response, and quality of life. Adding estramustine did not improve the survival benefit (still 2 months) and might have increased the risk of adverse events. As a result of these 2 studies, the US Food and Drug Administration has approved the use of docetaxel for late-stage hormone-refractory prostate cancer. More importantly, these studies have disproved the old myth that prostate cancer is a “chemoresistant” disease. The next step, which is ongoing, is to evaluate whether earlier use of chemotherapy will result in an even greater survival advantage. It is hoped that these studies are just the beginning, and it is likely that we are now at the dawn of the age of chemotherapy for prostate cancer. ■

Reference

1. Kantoff PW, Halabi S, Conaway M, et al. Hydrocortisone with or without mitoxantrone in men with hormone-refractory prostate cancer: results of the cancer and leukemia group B 9182 study. *J Clin Oncol*. 1999;17:2506-2513.

Interstitial Cystitis

Urinary Acidity and Pain in Interstitial Cystitis

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A Prospective, Double-Blind, Randomized Cross-Over Study Evaluating Changes in Urinary pH for Relieving the Symptoms of Interstitial Cystitis

Nguan C, Franciosi LG, Butterfield NN, et al.
BJU Int. 2005;95:91-94.

Urine acidity has always been an issue that patients and clinicians consider to be important in the etiology of interstitial cystitis (IC). For instance, is cranberry juice good or bad for the patient with IC? Nguan and associates from the University of British Columbia in Vancouver evaluated whether changing urinary pH had any clinical efficacy in relieving the pain associated with IC.

This was a prospective, randomized, double-blind crossover study conducted with 26 women with IC. The design of the study consisted of crossover instillations of urine at physiologic pH (5.0) and at neutral buffered pH (NaH_2PO_4 buffered to pH 7.5). Subjective pain was assessed with a visual analogue scale at baseline, after the initial instillation of solution, at washout, and after the crossover instillation. Data were analyzed with repeated-measures analysis of variance.

No statistically significant difference was seen in the mean change from baseline pain score after the instillation of neutral buffered solution (0.50), compared with acidic solution (0.33) ($P = .85$). Secondary outcomes, including baseline variability and treatment-order effects, were also similar between the two groups.

The data indicate that there is no statistically significant difference in subjective pain scores with the instillation of urine at physiologic pH compared with sodium phosphate-buffered saline in patients with IC. Further work is required to define the role, if any, of urinary pH in the pathophysiology and treatment of IC. ■

Incontinence

Pain After Suburethral Sling Procedures

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Groin Pain After a Tension-Free Vaginal Tape or Similar Suburethral Sling: Management Strategies

Duckett JR, Jain S.
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More and more sling procedures are being performed by more and more urologists and urogynecologists. It is inevitable that we will encounter more sling-specific complications. Pain is certainly one of the most worrisome postoperative complications after any